FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2a. Mailing Address

Suite, Apt. #, etc.

26

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Sulte, Apt. #, etc



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084186 (0)

RETAIL CONCEPTS UNLIMITED, INC.

Principal Place of Business	Mailing Address
10630 MAPLE CHASE DRIVE	10630 MAPLE CHASE D
BOCA RATON FL 33498	BOCA RATON FL 33498

FILED May 01 1998 8:00am Secretary of State



Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Ζip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FILINGS, INC. 81 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132 83 City Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the status of Fluxia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.0505, Florida Statutes.

SIGNATURE	Che Mil	394101 (007.0303, FIGI	ÉRIC	Pr. COUN	4-26-98	
	Signature, typed or poeted name of regetten a agest and title if	applicable (NOTE	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTOR	
TITLE	D	☐ DELETE	1 1 TITLE		Change	Addition
NAME	COHN, ERIC		12 NAME			
STREET ADDRESS	10630 MAPLE CHASE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY - ST - ZIP			
TITLE		DELETE	21 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		1 .	
CITY-ST-ZIP			2 4 City - St - ZiP			
TITLE		DELETE	3.1 TITLE		Change	Addition
name			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - \$T - 7IP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - \$T - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an adopted.

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